

# *LEARNING ABOUT HIV and AIDS*



**A Manual for Pastors and Teachers**

# ***LEARNING***

## ***ABOUT HIV and AIDS***

### **A Manual for Pastors and Teachers**

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*HIV is a virus causing much worry and many questions. HIV and its associated illnesses known as AIDS appeared in North America, the Caribbean, Europe and Africa at about the same time. Cases are reported from all around the world. HIV is rapidly spreading in Asia and Eastern Europe.*

*The origins of HIV are unknown. Many have tried to put the blame somewhere else – another country, another continent, another group of people – in an attempt to free themselves. The important thing is not to blame somebody for the disease, but to work to prevent its further spread.*

## ***IT IS BETTER TO LOOK FORWARD THAN BACKWARDS***

*With this booklet, the World Council of Churches wants to help teachers, pastors and youth leaders to give relevant information about HIV and AIDS to those they work with. This manual gives the main facts about the disease as well as some ideas on how to inform about HIV and AIDS. It also gives some guidelines on counseling and supporting people living with HIV (PLWH) and their families.*

*Since the first manual on AIDS was published, many letters have been received from people asking questions about AIDS or HIV. Some of the most common questions have been included in this booklet.*

# FACTS ABOUT HIV and AIDS

## THE VIRUS

AIDS (Acquired Immune Deficiency Syndrome) is a syndrome caused by a virus called HIV (Human Immune Deficiency Virus). The virus enters the white blood cells which protect the body from infections and disease. In the cells it destroys genetic material as it uses the body's white blood cells to replicate itself, and the damage is permanent. When these cells are destroyed by HIV the body has no defense and easily gets sick.

HIV has been found in most body fluids of PLWH. Only body fluids with a comparatively high concentration of the virus may cause infections. These fluids are blood, semen, vaginal secretion and breast milk.

## TRANSMISSION

The virus is transmitted when body fluid with a high concentration of virus enters into the bloodstream of another person. Transmission can occur through:

- **unprotected sexual intercourse** (vaginal and anal)
- **blood transfusions of blood with HIV** and injections with infected syringes and needles
- **during pregnancy**, childbirth and breast-feeding

These are the main ways the virus can be transmitted. Other situations when infected body fluids enter into another person's bloodstream could be during accidents, childbirth or operations if the attending person has open wounds on the hands.

The virus cannot enter the body through:

- **living together**, holding hands and social kissing (*deep kissing may involve blood exchange through small wounds in the gums and thus presents a risk for infection*)
- **sharing** food and drink or clothes
- **coughing, sneezing**
- **flies and mosquitoes**

## Sexual Transmission

As sexual transmission is the most widespread mode of transmission, it should be emphasized. It is better that young people be well informed by their teachers or parents than that they learn from each other and through unfortunate experiences.

It is not unhealthy for either men or women to abstain from sex – even for a long period. On the contrary, it is the safest way to avoid infection. Not only HIV but other diseases too are transmitted sexually. Some of these can cause sterility (inability to have children) later in life.



*“Hugging is as important as sex.”*

To build a good and rewarding relationship takes time. It can easily be broken through sexual unfaithfulness.



It might seem exciting to have another partner but the cost may be very high. The risk of HIV infection or other sexually transmitted diseases increase with the number of partners and the HIV prevalence in the country in which you live.

To be safe, a person should only have sex with her/his faithful partners and this should only be unprotected where both people know they are HIV negative.

A person who has unprotected sex with many partners, or often visits sex workers runs a great risk of becoming infected. Now many men look for young women or even girls to have sex with, as they hope to avoid HIV infection that way. Often the man is already infected and gives the disease to the young woman. Young women and girls should be warned of the dangers of having sex with older men. In some countries there is the idea that having sex with a virgin will cure AIDS. This is nonsense. At present there is no cure. (AIDS is however reversible through consistent and correct Antiretroviral treatment.<sup>1</sup> One should always consult a doctor on this.) The disease

<sup>1</sup> See last chapter of this booklet entitled "What is antiretroviral treatment?"

will continue and the girl might also become infected. A girl also runs a very high risk of becoming infected because the mucous skin of her vagina is still immature and may easily tear during intercourse, thus, making it easier for the virus to enter her body.

- In many societies it is seen as a sign of adulthood to be sexually active, and there is a strong social pressure among the youth towards early sexual activity. Teachers, youth leaders and parents should work together with young people to introduce other ideals. In Zambia, schools have started clubs where one has to promise not to be sexually active in order to be a member. They are an important contribution to the prevention of HIV and something to be taken up in other places. A drive for “virginity” should however also help young people to know that this is not just about vaginal penetration. Young girls who allow boyfriends to have anal sex with them so that they can remain virgins, can become HIV+ though they are “virgins.” Virginity is also not something which is only for young girls. Teachers, youth leaders and parents need to work with young people in changing the model which says “girls must be virgins but boys should be experienced”. They should promote discussion and awareness on issues related to sexuality and encourage youth to postpone their sexual debut.
- HIV is present in both semen and vaginal secretion. It can be spread from men to women / women to men (heterosexuality) and men to men (homosexuality). Anal sex (penis entering the anus) is the most risky form of sexual intercourse.

People who are attracted to the same sex are called homosexuals, gay (male) or lesbian (female). According to studies 4-8% of all people are homosexual. In most societies homosexuality is regarded

as unacceptable and in some countries sex between people of the same gender is illegal. People who are attracted to the same sex are therefore often afraid to admit their feelings.

It is not clear why some people are homosexual, and changing their sexual orientation is most often not an option. Homosexual people fall in love like heterosexual people and can have lasting relationships. They are ordinary people just like everybody else. They should not be excluded and discriminated against because of their feelings.

Men who practice homosexual sex are more vulnerable to HIV than heterosexual persons. They are not infected because they are homosexual, but because of the way they have sex. Many homosexuals are not infected.

- Condoms provide excellent protection both against infections and pregnancy if used consistently. They have to be put on correctly and kept on for the whole duration of the sexual act. Condoms should only be used once and then disposed of properly.
- There are many ways people who chose to have sex can have sex as a couple without it having to be penetrative. Mutual masturbation and oral sex are much lower in risk of being infected by HIV.
- Ideally where two people are going to have a sexual relationship it is best for them to go and be tested for HIV together. This open trust will always help them to form a stronger and safer relationship.

## **Transmission with blood**

A person who is HIV-positive should not give blood for transfusion, nor any organs for transplantation. Blood that is used for transfusion should be tested for HIV-infection.

There is no risk of becoming infected when giving blood. Persons who are healthy, well-nourished and not aware of any risk that they may be infected with HIV should donate blood when needed.

Sharp instruments such as injection needles, operating knives, razors, ear-piercing and manicure instruments should not be used by more than one person, or they should be sterilized in between use. HIV could also be passed on through cultural scarring or traditional male circumcision. Care should be taken to sterilize knives or blades used for this as well.

In many countries HIV is also spread among drug addicts who share syringes and needles.

## Pregnancy and breast-feeding

A woman who is HIV-positive should be careful if she gets pregnant. There is a great risk that the pregnancy will cause an early onset of AIDS symptoms. This is because pregnancy is particularly stressful on the human body and this additional stress can speed up the progression from being HIV+ to having AIDS. Taking immune boosters as well as Antiretrovirals will however ensure that this does not happen.

There is also the risk that the infection will spread from the mother to her unborn child. About one-third of children born to HIV-positive mothers will develop AIDS.



Steps can however be taken to reduce the chances of a mother passing the virus to her child during pregnancy, birth and even after birth. We call this PMTCT (Prevention of mother to child transmission)

In a situation where care and treatment are available to control HIV, there is no reason why a woman who is HIV+ can not have children. Extra care will however need to be taken to look after the woman's health. Today HIV infection is manageable with the use of correct medication. It is however strongly advisable for the husband to use a condom at all times during sex if the couple chose either not to have children or not to have further children. Additional advice should be sought from a reliable, well informed HIV counsellor.

It is known that the risk of HIV transmission to the child during pregnancy and birth can be reduced if certain drugs (so-called "antiretrovirals") are taken by the mother either during the entire pregnancy, or immediately before delivery. In most countries these drugs are now available at an affordable price and, even more important, there are medical professionals who know how and when to use them. As these drugs (like all medications) also have unwanted side effects, the decision on whether to use them or not should be made only after consultation with an HIV counsellor or an experienced medical professional. New drugs are continually being developed and side effects are also controllable. The newer drugs are however more expensive and not always available in all countries.

The HI-virus has also been found in breast-milk. It is known, that approximately one third of the rate of HIV transmission from a mother to her child is due to breast-feeding, the other two-thirds being due to infection during pregnancy and during delivery.

In situations where clean water and replacement for the mother's milk are not accessible or affordable, the risks of not breast-feeding are life-threatening for the child. Therefore, under such circumstances breast-feeding is to be advised despite the possible risk of HIV transmission to the child.



Remember, seventy percent of children born to HIV-positive mothers are healthy even though they have been breast-fed.

Most of the HIV transmission from mother to child happens because of mixed feeding (bottle and breast) and where mothers chose to breast feed this should be done exclusively.

The benefits of breast-feeding are so great that it should always be continued through any illness of mother and child unless safe substitutes can be provided.

## TESTING

There are now several tests to find out if a person is infected with HIV – the virus that can cause AIDS. The most common tests are ELISA, simple rapid tests and Western Blot. These tests check the body's reaction to the virus. Nowadays the simple rapid tests also give reliable results. Therefore, a Western Blot test is required for establishing the diagnosis of HIV infection only in special cases.

It normally takes 2-3 months for the body to develop a measurable reaction to the virus after it has entered the blood stream. A negative test is no guarantee that the person is not infected. If she/he has been exposed to infection in the last 2-3 months, a negative test has no value. Under these circumstances it is best to go and get tested again after another 2 – 3 months. If you again test negative to HIV you can safely accept that you are HIV negative.

In many places there are now free VCT (Voluntary Counseling and Testing) facilities. It is strongly advised that if you have any fear that you may have been exposed to HIV you go and get yourself tested. Knowing your HIV status can help you make informed decisions about your life and health.

The test should be used to:

- **diagnose HIV** in persons with symptoms. The signs and symptoms of AIDS resemble many other diseases. The patient should be informed about the test and the result.

- **study the spread** of HIV-infection in a community. Testing is done on blood samples of many people without knowing who gave the sample. It is important that these tests are anonymous.
- **detect HIV-infection** in persons who have been exposed to the virus and want to know if they are infected.

There is no need to routinely test patients in medical settings, e.g. before surgical treatment. Proper hygiene measures to avoid other blood borne infections such as hepatitis B or malaria, which should always be maintained, are sufficient to prevent the spread of HIV to other patients or health personnel.

If the test is done soon after exposure it will be negative and, therefore, useless. It should be done after 2-3 months in order to give a true result.

Before the test is done the person should be informed about the consequences of a positive or a negative test. A person should be informed if she/he is positive or negative. If she/he is positive, advice should be given on necessary changes in lifestyle and help should be made available to help the person to cope with the situation. If the result is negative, a counselling session should still follow in order to give advice on how in future to avoid risky situations. To test a person and keep the result secret from her/him is unfair and has no purpose, as the person will not then change her/his sexual behaviour. It is a waste of the test and other resources.

It is important to keep the results of an HIV-test confidential, that is, only the person who undergoes the test and the one who performs it will learn its result. The decision to disclose the result to somebody else should be left entirely to the person who undergoes the test. This is important because the information can be misused to harm the HIV-positive person and her/his family.

## SIGNS AND SYMPTOMS

When a person has been infected with HIV she/he will carry the virus for the rest of their life. A person with HIV can have the virus for many years before any symptoms develop. A person who is already sick (e.g. with TB) or weak (e.g. during pregnancy) will develop AIDS faster than somebody who is strong and healthy if their HIV is not treated.

An HIV-infected person is at higher risk of contracting another infectious disease. This is because HIV weakens the body's defense system. Therefore it is very important to treat the other infections; they are called "opportunistic infections" because they take advantage of the weakened defense system of the body.

The most common symptoms of AIDS are:

**Diarrhea, weight loss, skin rash, cough, fever, mouth sores.**

These symptoms are common in many other diseases too. AIDS should be suspected when a person has several of them at the same time and they persist for a long time.

When a person develops AIDS, she/he will feel sick with different symptoms before AIDS is suspected. A person who is sick for a long time with diarrhea, fever, coughing and weight loss should suspect AIDS. A test should then be done to confirm the diagnosis and give proper treatment to cure the opportunistic infections.



*weight loss*



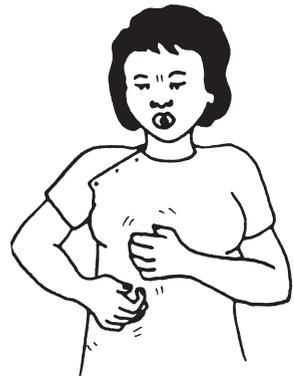
*cough*



*mouth sores*



*fever*



*itching*

## CARING FOR SOMEBODY WITH AIDS

AIDS can be effectively treated and even reversed with ARTs (Anti-retroviral Therapy). It is even possible to reverse AIDS simply by changing a person's diet and making sure that a good nutritious diet is followed. Where a person has been very sick with AIDS it can be useful to start treatment in hospital before sending them home. After the diagnosis has been made and the diseases associated with the infection, such as tuberculosis, have been treated, the AIDS patient is often sent home with medication.

For most patients it is better to be at home in their familiar surroundings than to be in hospital. A person with AIDS should:

- have plenty of rest
- get nutritious food and drink
- have contact with family and friends
- avoid alcohol and cigarettes

It is important that the family is well-informed about AIDS so that they are not scared of being with their relative. They should know how to protect themselves from infection, by avoiding contact with infected body fluids.

They should spend time with the person living with AIDS, showing that they care for her/him. Touching a person will not transmit HIV and it is an important way to give comfort and show concern.



# TEACHING ABOUT HIV and AIDS

There is no vaccine yet to prevent infection from HIV. Education about prevention and care is therefore very important. Everybody who is in some way a teacher should inform the students/group members about the HIV and AIDS.



The only way to stop the spread of HIV is for everybody to understand how it spreads and then to avoid being exposed. Young people should know and understand about HIV and AIDS and how it spreads **before** they become sexually active. It is too late when they have already been infected.

Before informing about the disease the teacher should learn as much as possible about HIV and AIDS herself/himself.

It is always easy to inform about the risk of getting HIV through blood transfusion or the risk at pregnancy. It is much more difficult to teach about the sexual spread as sexuality is something not talked about in most societies. This reluctance has to be overcome so that relevant honest and complete information is given. Sexual spread is the most common mode of transmission and it will only be stopped when each individual knows about the disease and avoids infection. Teachers, pastors and youth leaders have a responsibility to spread the information to those in their community. School children who have learnt about HIV and AIDS can be important teachers in their own families.

When teaching about sexuality and relationships it is important to listen to what people are saying and to relate to their situation.



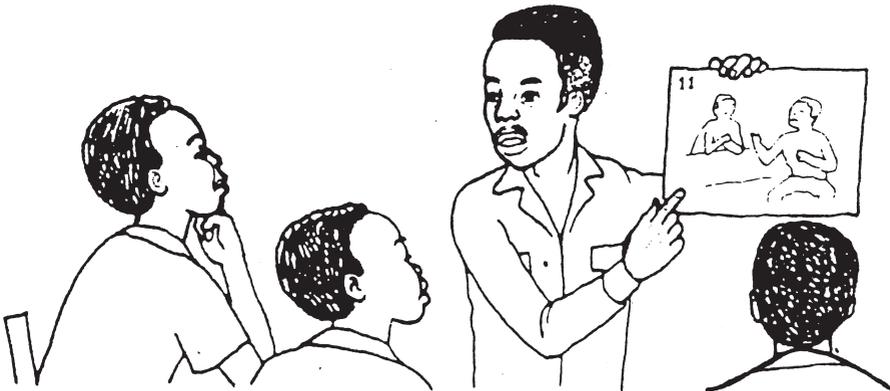
It is easy for the teacher/pastor to take on the role of a perfect person living without temptation. But putting up the finger saying “You shall not!” and frightening people does not change behaviour. To help young people change behaviour and handle temptations, honest discussion about the difficulties is needed. People need practical advice on how to change their behaviour that includes an understanding of the situation in which they live.

When teaching facts it is good to use the blackboard, posters or flip charts to emphasize the information. For some people it is easier to learn from what they see than from what they hear. It is also good if the students receive a hand-out where they can read the facts, understand and memorize them.

It might be good to separate boys from girls when discussing sex. The students might be very embarrassed to talk about sex in front of their classmates of the other sex. It is also better if a woman teaches the girls and a man the boys.

People are often ashamed of talking about their own feelings and behaviour. To have a discussion it is often better to ask what they think others are doing. Those answers often give a good picture of what people do themselves and are a good basis for discussion.

Learning new skills and changing attitudes needs other teaching methods and materials. Drama, role-playing and puppet shows can be very useful methods.



The teacher could write a small drama about a village where somebody lives with HIV, showing how people react and what should be done. This could then be played by the students at a parents' gathering.

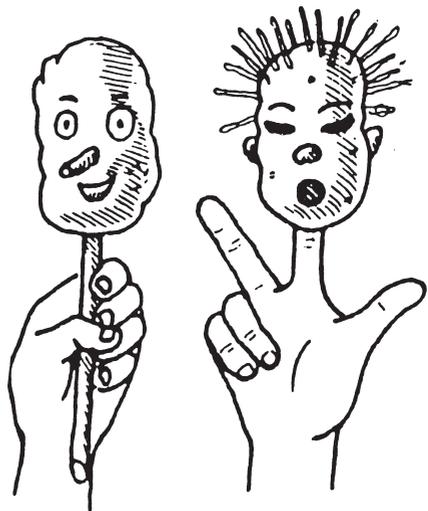


In class, students could be given different roles and then act out a scene as they think it would happen. One person could be a faithful wife at home, another the husband in town, another advising him and another a sex worker.



Puppets can be used to give a show, letting the puppets teach about HIV.

Puppets can easily be made out of vegetables with stones and sticks to make the face and hair.



# COUNSELLING

Persons living with HIV, as well as their families and friends, need help to accept the situation and be able to continue. Fear, anger and shame are common reactions to finding out that you are HIV positive (HIV+) and they often lead to exclusion, isolation and discrimination.

## Fear

This is a very common reaction to both HIV and AIDS; both in the person who is living with HIV and in the community. Fear often leads to anger, which can have very unfortunate consequences. There are examples where a person living with HIV has killed the person who infected him/her, or where he/she decides to infect others so as not to be alone. Communities have excluded families where somebody was HIV+ and even burnt down homes. In some places people who have been open about their HIV status have even been stoned to death.

These are unfortunate reactions and people should be helped to handle their feelings without harming others. The most important way to overcome fear is through knowledge and assurance of continued love.

Persons who suspect or know that they are HIV+ need to talk about it. They need to share their fears and their anger.

Speaking about difficult feelings and reactions helps in accepting and handling them. Often the fear of being HIV+ is worse than the knowledge that you are already. Then it is good to be tested and find out for sure, even if the news is bad. There are so many misconceptions about HIV and AIDS that cause unnecessary fear, discrimination and isolation. HIV lowers the immunity to diseases. A person can live for a long time between infection, disease and death and it is important to make the best of this time.

The first reaction to bad news is shock, denial and disbelief. The next step, when the fact is accepted is a period with strong emotional reactions of fear, anger and grief. This crisis can be handled in two ways, either positively with talk, acceptance and grief or negatively with blame and avoidance. During this period a person needs much support to cope creatively.



Taking care of one's health (avoiding secondary infections, alcohol and smoking, but instead eating well) improves the situation. A person with HIV can continue life and work as before, but should take care not to put others at risk and should avoid being infected with other diseases. The safest way is either to avoid all sex or to use a condom.

In communities where HIV is spreading everybody should live as if everybody else was HIV+. It cannot be seen from appearances if a person is HIV+, and so it is better not to take any risk. A community that has learnt about HIV knows that social contact is not dangerous and that people living with HIV need support and help.



*Anybody can have the HI-virus*

Many people fear death as it is unknown. People living with HIV need the opportunity to talk about their situation with somebody they can trust: a teacher, a pastor or a health worker. Trust is extremely important. They should be assured that what has been said will not be spread. Exposing fear and talking about it often diminishes it and prevents angry reactions.

The most important thing for the counsellor is to listen. Often she/he does not need to say much. Being allowed to speak about the fear and anxiety is often enough. The teacher/pastor or health worker must be trustworthy and not exploitative of those who are vulnerable.



## Shame and Guilt

Extra marital sex is unacceptable in most societies, as is homosexual activity. Many people fear the question “how did you get it?” even more than an HIV diagnosis. For many, an HIV diagnosis leads to a disclosure of something they have wanted to keep secret, something they feel ashamed about. They may feel guilty for what they have done, and especially for exposing others to the infection. This often leads to isolation, not wanting to meet others, and loss of self-esteem. It is important for us to change the way we respond to HIV by asking positive rather than negative questions. Questions like “How are you living with it?” or “How can I help?” or even “Are you happy with your doctor?” can remove tension and make HIV easier to talk about.

For Christians, this shame/guilt can become very difficult to carry. Many avoid going to church and meeting others, as they fear their reactions and judgement.

Following Christ’s example, and remembering his works, congregations and pastors have a responsibility to help people in difficulties. Christ turned in particular to the despised and the excluded with his love and forgiveness. For him, no wrong-doing was too big to forgive and no person too bad to love.

Jesus warned about self-righteousness and reminded the learned and pious men of his time that everybody is guilty of sin. He also pointed out that judgement is for God alone.

For many it is easier to judge and exclude somebody whose behaviour is unacceptable than to forgive and love her/him. Here, Jesus' example is necessary.

Some useful texts for Bible study and contemplation:

- Matthew 7:1-5
- Matthew 25:31-46
- Luke 5:27-32
- John 8:1-11

# WHAT IS ANTIRETROVIRAL TREATMENT?

Antiretroviral (ART) is the main type of treatment for HIV or AIDS. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of someone's life. HIV is a virus that attacks the immune system, called CD4 cells, which is the body's defense system against infections. HIV reproduces (replicates) itself in these cells, destroying them in the process. It then proceeds to infect other previously healthy cells. It is easy for HIV to spread quickly through the billions of cells in the body. Over some years, the number of CD4 cells drops and the immune system is weakened. If nothing is done to slow or halt this destruction of the immune system, a life-threatening condition called AIDS follows. ARV drugs work by interrupting this process, slowing down the replication of HIV in the body, and thus preventing damage to the immune system. The aim of treatment is to reduce the amount of HIV to very low levels.

The drugs are often referred inter-changeably as:

- Antiretroviral drugs
- Anti-HIV drugs
- HIV antiviral drugs
- ARVs (in short)

## What is Combination Therapy, what is HAART?

For antiretroviral treatment to be effective the user needs to take more than one antiretroviral drug at the same time. This is what is known as combination therapy. The term Highly Active Antiretroviral Therapy (HAART) is used to describe a combination of three or more anti-HIV drugs. Taking two or more antiretroviral drugs at the same time vastly reduces the rate at which HIV resistance to the drugs develops.

When a person's immune system is damaged by HIV, then certain infections or cancers will develop which the body would normally "fight off" quite easily. These are known as "opportunistic infections". Treatment for opportunistic infections can be provided in addition to antiretroviral drugs even when the antiretroviral drugs are no longer effective as the person is resistant to them.

The names of the ARV combination are complex and one may not need to know them at this point as long as there is a competent doctor who can advise someone on how to use them. For this reason, it is advised to visit the local health services provider for more information on what is available and how one can access the ARV therapy.

Antiretroviral Therapy (ART) which is broader than giving just ARVs is used universally in the same way except that it adds more services including nutrition and other treatment opportunities to the provision of ARVs. It is inadvisable to change this therapy unless

in consultation with a doctor or service provider. Usually, ART does not commence the moment one is diagnosed as being HIV positive. This therapy is initiated after one's HIV status has attained a certain level – usually with a CD4 count of 200 and below. Between the patient and his/her doctor it would be determined whether one qualifies for ARVs or not.

The World Health Organization (WHO) has released guidelines on the use of ARVs worldwide. These guidelines indicate that the use of ARVs commences once AIDS symptoms are evident and the body's immune capacity has been depleted considerably. This information is gathered through conducting laboratory tests that determine the viral load as well as the CD4 count in the white blood cells. Some deciding factors for the use of ARVs are the viral load count, CD4 cell count and the symptoms of AIDS present in the person living with HIV and AIDS.

## Benefits of ARV

- prolongation of the life of the person living with AIDS
- reduction in the number of opportunistic infections
- prevention of mother-to-child transmission
- ultimately a reduction in medical care expenses
- people living with HIV can continue to work productively
- communities are strengthened
- economic losses to the nation are reduced
- people are encouraged to seek to know their HIV status through voluntary counseling and testing
- stigma and discrimination against people living with HIV and AIDS may be reduced

Increased use of antiretroviral therapy facilitates the provision of standardized and excellent education by health providers. ARVs prolong life and enable a seropositive person to still accomplish their chosen goals and objectives. Now many government and even private health institutions are providing ARVs free of charge or at subsidized prices. It is advisable to find out what is being offered at the nearest health institution.

## QUESTIONS AND ANSWERS

**Q:** Is it true that HIV originated from Africa?

**A:** It is unknown from where HIV originated. Cases appeared at about the same time in North America, Europe and Africa.

**Q:** What modern drugs have been invented so far for its cure?

**A:** So far no drugs have been found to cure AIDS. Using drugs called antiretroviral can however reverse AIDS and help a person living with HIV to live a normal lifespan. These drugs are still not freely available everywhere though, and can only be used when prescribed by a doctor.

**Q:** Do nurses who treat people living with HIV become infected?

**A:** A nurse who follows normal hygiene rules is protected. Special care should be taken when handling sharp instruments, and gloves should be used when in contact with blood.

**Q:** When somebody dies of AIDS, how should she/he be buried?

**A:** A persons who has died of AIDS should be buried in the same way as everybody else. There is no risk that HIV can spread

from a dead body, as the virus dies when the body dies. Yet, in preparation for the body to lay in state or to be buried, injecting chemicals into the body should be avoided because the blood of the persons who has died from AIDS may be infectious for some hours after her/his death. (Injecting chemicals is a custom in some cultures in order to preserve the body for a longer period of time.)

**Q:** Is it not a good idea to put everybody with HIV or AIDS in one place so they cannot spread the infection?

**A:** Putting everybody with HIV or AIDS in one isolated place is not a very effective way of stopping the disease. Many people can be infected without knowing it, and they can infect others. People who are HIV+ can be healthy and fulfill their role in society.

**Q:** Some people say that if you eat eggs you will not have AIDS?

**A:** There is no special food protecting you from AIDS.

**Q:** Can you treat anaemia if you have no HIV-tested blood for transfusion?

**A:** Anaemia (iron deficiency) can be prevented and treated by eating iron-rich food such as green leaves, peas, beans and

cereals. Iron tablets can also be used. Another way of avoiding anaemia is by prevention or treatment of worm infestations (e.g. by wearing shoes to prevent hook worm, cleaning fresh vegetable before eating). Malaria can also be prevented (e.g. using mosquito nets).

**Q:** Can HIV be transmitted by insects?

**A:** No, HIV is not transmitted by insects. If it was transmitted by mosquitoes, more old people and children would be infected. Also the HI-virus needs the human cell to live; when the mosquito digests the blood the virus dies.

**Q:** Do condoms increase promiscuity?

**A:** No. People who use condoms are already trying to be more responsible. Most people who want to have sex with many others will also do so without condoms. Promiscuity depends on the attitude to sex. People who see it as a commodity, a necessary pleasure and pastime, will try to have it when they want. In areas where a very high percentage of the population are HIV+, condoms are a good protection if used correctly.

**Q:** If you drink from the same cup as a person who is HIV+, can you then get HIV?

**A:** No, there is no risk in drinking from the same cup as somebody with HIV. The virus concentration in saliva is too low to transmit the infection.

**Q:** Is it dangerous to take clothes to the common laundry?

**A:** No, there is no risk in taking clothes to the common laundry.

**Q:** Can HIV be transmitted through kissing?

**A:** No, there is no evidence that HIV can be transmitted through **social** kissing. There is also no evidence of anyone who has been infected by HIV through deep kissing. If you kissed someone who was HIV+ and who was bleeding from their gums or lips, and if you had mouth sores at the same time then there might be a chance of getting HIV through the exchange of blood. Most people however do not feel like deep kissing someone with open mouth sores.

**Q:** Can you see on a person if she/he is HIV+?

**A:** No, it is not possible to see on a person if she/he is HIV-positive. If a person has progressed to having AIDS having one or more than one opportunistic infection at the same time one might be able to guess that a person has AIDS.



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